

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D. C. 20554**

In the Matter of:

Notice of Proposed Rulemaking (NPRM))	
Regarding the Universal Service Support Mechanism)	WC Docket No. 02-60
for Rural Healthcare.)	

Comments of the Virginia Department of Health

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FCC 03-288

Comments of the Virginia Department of Health

The Virginia Department of Health submits the following comments in response to the Commission's Notice of Proposed Rulemaking (NPRM) in the above captioned proceeding.

The Commission seeks comment on modifications to the definition of “rural area” as currently implemented by the Rural Health Care Corporation of the Universal Services Administrative Corporation (USAC) and whether there are definitions for rural areas used by other government agencies or medical organizations that would be appropriate for the rural health care program.

In the Telecommunications Act of 1996, Congress did not define rural for purposes of this program and the FCC rules relied on the definition of rural used by the Federal Office of Rural Health Policy, which defined anything that was not a Metropolitan Statistical Area (MSA) as rural. MSA is a classification used by the Federal Office of Management and Budget (OMB).

Virginia relies on funding from the federal government for rural health programs including the Medicare Rural Hospital Flexibility Program, the State Office of Rural

Health, and the Small Hospital Improvement Program. Should the change in the FCC's definition of "rural area" be adopted by other federal agencies, the change could have a negative impact on the amount of funding available to rural communities.

A number of Virginia counties once considered rural have been reclassified since the 2000 census as metropolitan. Of these counties now classified as metropolitan, eight of them are federally designated Health Professional Shortage Areas (HPSA), a designation that recognizes the scarcity of primary health care available to county residents. Eight of these

"metropolitan" counties have a population of less than 15,000 and 4 of these have a population of less than 10,000.

The Commonwealth of Virginia has made a sizeable investment of federal grant money to purchase telemedicine equipment for hospitals and clinics in remote areas of Virginia where specialty care is sparse or unavailable. If these health care providers cannot afford a reasonable rate for telecommunications services, they cannot use the telemedicine equipment provided specifically to improve access to specialty care services.

RECOMMENDATIONS:

The Virginia Department of Health wishes to make the following recommendations:

- 1) The definition of rural should be expanded to include the USDA Rural Broadband program's amended definition: "any area of the United States that is not contained in an incorporated city or town with a population in excess of 20,000 inhabitants" with the qualification that the population density of the locality not exceed 250 persons per square mile.

- 2) Any county with a population of 25,000 or fewer should be considered rural if the county is designated as a Health Professional Shortage Area.
- 3) States should have the ability to designate specific areas of counties as rural if the county is classified as metropolitan or micropolitan by the OMB.
- 4) States should have the ability to designate specific health care providers as “essential” or “necessary” community providers for the purpose of receiving a fair telecommunications rate.

CONCLUSION

The Virginia Department of Health believes that definitions as currently applied to the rural healthcare support mechanism are overly restrictive and urges the FCC to adopt these recommendations to ensure that residents of rural areas have access to telehealth services.